



**NATIONAL ASSOCIATION  
OF STATE HEAD INJURY  
ADMINISTRATORS**

## **MARCH BRAIN INJURY AWARENESS TOOLKIT**



**Support States. Grow Leaders. Connect Partners.**

January 2022

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*The **National Association of State Head Injury Administrators** assists State government in promoting partnerships and building systems to meet the needs of individuals with brain injuries and their families.*

## Introduction

The National Association of State Head Injury Administrators (NASHIA) adopted a two-year theme to promote March Brain Injury Awareness Month during 2021-2022 to coincide with the Congressional Session. The theme, **Working Together Promoting Brain Injury Awareness Month**, is to symbolize that as a national organization with state and local membership, *together* we are promoting awareness. Many state agencies, providers and state brain injury organizations, as well as national and federal organizations and agencies, also have themes to promote brain injury awareness. This toolkit was developed with the intention of helping state agencies, councils or boards, and organizations who wish to help promote awareness regarding state service delivery and resources in addition to planned activities by other organizations and associations. Materials in this toolkit are also downloadable on NASHIA's website: [www.nashia.org](http://www.nashia.org).

Raising awareness around brain injury overall during the COVID-19 pandemic is difficult, albeit the pandemic presents new issues confronting individuals with brain injury and their families. State staff who are working from home may not be able to promote awareness in the office setting as in the past. Other state and legislative offices may be closed to the public, making it difficult to send printed information. However, there are other ways to promote awareness through social media, newsletters, radio spots, webinars, op-eds in newspapers, and adding March Awareness/logo to email signatures.

States may wish to highlight how COVID-19 has impacted individuals with brain injury and their families, even including stories as examples. People with brain injury may be at greater risk of the virus in general. If they are living independently, they may not have access to vaccination sites, remember to social distance, to wear a mask, wash their hands and so forth as preventative measures. Service coordinators may not be able to visit the individual in his/her home to assess the situation and to develop accommodations for preventing the virus, in addition to arranging for necessary supports. Individuals with brain injury may be facing social isolation and exclusion from social support services and networks. In-home supports, such as personal assistance staff, may be disrupted. Caregivers may also face their own challenges as they may have little respite or assistance to support a family member with a brain injury. They may be unemployed or trying to work from home, while providing 24-7 care. The past year has presented many challenges for individuals with brain injury and their families to receive necessary rehabilitative services and supports.

### NASHIA Promotes Awareness by:

- ✓ Providing this toolkit for members to use, including links to resources.
- ✓ Publishing a weekly *Spotlight* during the month of March featuring state services and personal stories of individuals with brain injury and their families. (*Have a story or message to share, please send to publicpolicy@nashia.org*).
- ✓ Participating in and sponsoring Congressional Brain Injury Task Force Awareness Day Briefing, which will be held virtually on March 16, 2022.
- ✓ Posting information via social media.

NASHIA would love you hear how you are promoting awareness. You may send your efforts to [publicpolicy@nashia.org](mailto:publicpolicy@nashia.org).

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## Tips for Promoting Awareness

Promoting awareness can be as simple as putting something on your Facebook page or as sophisticated as having an awareness campaign, complete with a theme and planned events. Below are just ideas that can range the gamut. Whatever you choose, know your facts! A fact sheet is included in this toolkit with statistics from the Centers for Disease Control and Prevention (CDC). But, you may also have statistics with regard to your state. If you are giving a presentation or speaking to the media, be sure to know what the facts are in your state with regard to the number who are injured, causes, high risk groups, and so forth. If your advisory council/board or other agency is involved in service delivery efforts, be sure to know that and what the priorities are, as well as what is available in the state.

Some state programs may need to get approval from the agency's public information staff before embarking on an awareness campaign or may be able to enlist their agency's support to promote awareness through its public information office. Other ideas:

- ✓ Add "**Working Together Promoting Brain Injury Awareness Month**" logo or a tagline to your email signature. Add your web page for additional information, if not already noted with your email signature.
- ✓ Place an article in your department or division's newsletter, if you have one, and/or ask if March Brain Injury Awareness Month can be added to your agency's website.
- ✓ Circulate a flier or materials among other state agencies, such as intellectual/developmental disabilities, mental health, juvenile justice/corrections, Special Health Care Needs; Vocational Rehabilitation, noting March Brain Injury Awareness Month.
- ✓ Develop a "press release" calling attention to the month and upcoming activities, such as a conference or an advisory council/board meeting.
- ✓ Schedule presentations on brain injury and your state's resources at other agencies meetings/conferences, such as the state Developmental Disabilities Conference, State Independent Living Council, and state Assistive Technology Council, should they be holding virtual meetings and/or in-person conferences.
- ✓ Arrange for a Governor's proclamation or House/Senate resolutions proclaiming the month as Brain Injury Awareness Month, if that has not been arranged by an association or affiliate.
- ✓ Ask a lawmaker to speak on brain injury on the House/Senate floor. An advisory council/board member or other family advocate may be able to do that if a state worker is unable to contact a legislator.
- ✓ Tweet! Blog! Social media is a popular way to disseminate messages.
- ✓ Ask family members, individuals, professionals and others to write a "letter to the editor" or op-ed about brain injury, the incidence, causes and impact on the individual, family and community.

## Partners and Collaborators

A number of organizations and agencies may already be promoting awareness either statewide or locally. The state brain injury association or alliance may be taking the lead in your state to promote awareness. In many states, the organization is sponsoring its annual conference during the month of March and may also be obtaining a Governor's proclamation and/or House/Senate resolution. But, there are also other organizations to collaborate with or urge collaboration for a united approach for promoting awareness. Some of these agencies may be on the advisory council/board and will already be aware of March Awareness Month. These include:

State injury and violence prevention programs are a natural partner to promote brain injury awareness, as well as other organizations, such as state/local domestic or family violence prevention, child abuse prevention, and falls prevention programs.

Traffic safety state agency and organizations which promote traffic safety to reduce the number of deaths and injuries may include: ThinkFirst, Safe Kids, Community Traffic Safety Teams, Mothers Against Drunk Driving (MADD), all of which are natural partners to promote prevention to reduce injuries, including brain injury. They work in communities, schools, and other venues and may be willing to distribute brain injury materials or speak about brain injury, if they do not already.

Disability organizations and agencies, including state Developmental Disabilities Council, Statewide Independent Living Council, Governor's Council on Disability, Assistive Technology Council, and others may be willing to distribute information regarding brain injury among their networks.

Engage providers, should they be operational and available during the pandemic. Do they offer staff training? Do they have a newsletter? Are they already planning ways to promote awareness that state programs may be aware of and can support with additional materials and information?

Education organizations, such as local and state PTO/PTA, may also hold meetings (virtual) or be an avenue to distribute information about brain injury, especially with regard to concussions, return to play and return to learn, if they are not familiar with materials developed by CDC or your state agency.

Occupational organizations, including farm organizations, which may be interested in farm-related or job related injuries in terms of prevention and treatment. Your state may have an occupational prevention agency within the labor or health department that collects statistics on job-related injuries.

Aging organizations, including AAA's, state aging council/agency or home health care agencies, nursing homes, and so forth may be a place to distribute materials or engage in brain injury awareness, including information on falls.

Use this opportunity to promote information on vaccine guidelines offered by CDC and assistance in obtaining vaccine and masks through the Administration for Community Living's Disability Information and Access Line (DIAL) helpline (<https://acl.gov/DIAL>).

These are just a few ideas if you are looking for partners or new partners to promote awareness. If you have developed such partnerships and wish to share about your collaboration, let NASHIA know and we will be happy to share your work with other states.

# Know the Facts About Traumatic Brain Injury

(source: Centers for Disease Control and Prevention)

## What is a Traumatic Brain Injury (TBI)?

A TBI is caused by a bump, blow, or jolt to the head that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from “mild” (i.e., a brief change in mental status or consciousness) to “severe” (i.e., an extended period of unconsciousness or memory loss after the injury). Most TBIs that occur each year are mild, commonly called concussions.

## What is the Extent of TBI?

- It is a major cause of death and disability in the United States. TBIs contribute to about 30% of all injury deaths.
- According to the Centers for Disease Control and Prevention (CDC), in 2014, an average of 155 people in the United States died each day from injuries that include a TBI.
- About 2.87 million TBI-related emergency department (ED) visits, hospitalizations, and deaths occurred in the United States, including over 837,000 of these health events among children.
  - TBI contributed to the deaths of 56,800 people, including 2,529 deaths among children.
  - TBI was diagnosed in approximately 288,000 hospitalizations, including over 23,000 among children. These consisted of TBI alone or TBI in combination with other injuries.
- An estimated 812,000 children (age 17 or younger) were treated in U.S. EDs for concussion or TBI, alone or in combination with other injuries.<sup>1</sup>

## What are the Leading Causes of TBI?

- In 2014, falls were the leading cause of TBI. Falls accounted for almost half (48%) of all TBI-related emergency department visits. Falls disproportionately affect children and older adults:
  - Almost half (49%) of TBI-related ED visits among children 0 to 17 years were caused by falls. ○ Four in five (81%) TBI-related ED visits in older adults aged 65 years and older were caused by falls
- Being struck by or against an object was the second leading cause of TBI-related ED visits, accounting for about 17% of all TBI-related ED visits in the United States in 2014.
- Over 1 in 4 (28%) TBI-related ED visits in children less than 17 years of age or less were caused by being struck by or against an object.
- Falls and motor vehicle crashes were the first and second leading causes of all TBI-related hospitalizations (52% and 20%, respectively).
- Intentional self-harm was the first leading cause of TBI-related deaths (33%) in 2014.

## What are the services needed?

Depending on the severity of injury, age of the person, location of injury, services may include acute and post-acute rehabilitation, vocational rehabilitation, educational accommodations, counseling, therapies, and a range of community services and supports, such as personal care, in-home care, and service coordination.

## What is available in my state?



### ***Recognizing the Need***

- TBIs are a major cause of death and disability contributing to about 30% of all injury deaths.
- Every day, 155 Americans die from injuries that include TBI (2014).
- Individuals who survive a brain injury may experience impaired thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression), all of which can impact his or her ability to return to home, work or school and resume living independently, without assistance, accommodations and supports (Centers for Disease Control and Prevention’s Injury Center)

### ***Building Systems***

- About half of the States that have established brain injury programs through state funding or trust funds established to dedicate funds derived from traffic fines, surcharges to driver’s license and other sources.
- About half of the States administer brain injury Medicaid home and community-based waiver programs.
- 28 States receive grants from the Administration for Community Living (ACL) TBI State Partnership Program, the *only* federal program assisting States in developing service capacity.

### ***Promoting Partnerships***

- NASHIA partners with federal agencies to promote federal resources and information through webinars, conferences, and website.
- NASHIA belongs to several coalitions promoting disability, health, research, and prevention policies and funding.
- NASHIA joins other partners to promote awareness and foster collaboration among national and federal agencies through the Congressional Brain Injury Task Force Awareness Day held each year during the month of March.



**NASHIA**

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## About Brain Injury and the Role of State Government

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### **What is a Traumatic Brain Injury (TBI)?**

The federal TBI Act of 1996 (Public Law 104-166), as amended, defines a TBI as acquired injury to the brain that does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to trauma. The Centers for Disease Control and Prevention's (CDC) Injury Center further defines a TBI as is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.

Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from "mild," i.e., a brief change in mental status or consciousness to "severe," i.e., an extended period of unconsciousness or amnesia after the injury. States may define TBI more broadly to include other acquired brain injuries (ABI) or use ABI definition to include TBI for purposes of providing services and supports.

**What are the leading causes of TBI?** The CDC reports that falls account for the vast majority of TBIs when factoring in emergency department visits, hospitalizations, or death. The age groups at highest risk are the very young and the very old. The second leading cause is being hit by a object (unintentional blunt trauma). Motor vehicle crashes are the leading cause of hospitalization for adolescents and persons ages 15 – 44 years of age. Other causes include assaults, sports-related injuries, and war-related injuries among the military. Alcohol is frequently a contributing factor.

### **What is the magnitude of TBI?**

According to the CDC, 2.8 million Americans sought treatment for or died from a traumatic brain injury (TBI) as the result of a car crash, fall, sporting or recreational injury, an assault or other contributing

factor in 2014. There were about 61,000 TBI-related deaths in the United States in 2019. That's about 166 TBI-related deaths every day.

The CDC reports that from 2001 to 2009, the rate of ED visits for sports and recreation related injuries with a diagnosis of concussion or TBI, alone or in combination with other injuries, rose 57% among children (age 19 or younger).

### **What are the common symptoms?**

Symptoms vary depending on the extent of the injury and the area of the brain that is injured. While some symptoms appear immediately, others may appear several days or even weeks or years later. A person with a TBI may or may not lose consciousness and loss of consciousness is not always a sign of a severe TBI. A TBI may cause problems with cognition, emotions, physical mobility affecting how a person is able to return to school, work, home and community.

### **What is the rehabilitation process after a person sustains a brain injury?**

Rehabilitation starts at the time of injury with care usually provided by emergency medical services (EMS) personnel who stabilize the person and provide pre-hospital assessment and treatment. Depending on the level of severity, the individual may be transported to a trauma center for further treatment and acute rehabilitation followed by post-acute rehabilitation.

Following injury, a person may need to re-learn how to dress, bathe, eat, walk, talk and other activities of daily living. Post-acute rehabilitation may focus on cognitive, emotional, behavioral issues, as well as educational and vocational goals; and compensatory strategies to help individuals to reintegrate and to live as independently as possible in the community.



These rehabilitation therapies may be provided in inpatient settings, outpatient settings, residential settings or in the home. Often the payment source, such as private insurance, will dictate the length of stay in programs, duration of rehabilitation, and rehabilitation settings.

### **What are the services and supports which may be needed after rehabilitation?**

Individuals with brain injury may require short-term, long term, crisis, or intermittent supports and services. These services and supports may be formal (paid) supports or natural supports, which involve relationships that occur in everyday life, including family, co-workers, neighbors, church family and acquaintances. Services and supports may include therapies to maintain functioning; counseling; in-home supports; personal care; transportation; home and vehicle modifications; substance use treatment; vocational counseling and training; and independent living skills training. These services are all designed to help individuals to reintegrate into community living and to live as independently as possible. Individuals may also need assistance with compensatory strategies to accommodate cognitive and behavioral disabilities associated with a brain injury.

Service coordinators, also known as case managers or care coordinators or resource facilitators, help individuals to plan for short-term and life-long goals and facilitate and coordinate resources necessary to achieve these goals. Service coordinators employ a person-centered planning approach, which empowers individuals to be in charge of defining the direction for their lives. It is an ongoing problem solving approach involving a "person-centered" team which meets to identify opportunities for individuals to develop personal relationships, participate in their community, increase control over their own lives, and develop the skills and abilities needed.

### **What is the role of State government with regard to services for individuals with TBI?**

Families and individuals with TBI generally contact State government programs when their insurance has been exhausted or does not cover the types of assistance needed to assist with rehabilitation and day to day living. Finding that traditional State disability and health related programs did not address cognitive and behavioral needs associated

with a TBI, States developed programs designed specifically for individuals with TBI-related disabilities in order to provide timely and appropriate services to help individuals to return to home, school, work and community living. States may offer Information & Referral (I&R) services; service coordination to work directly with individuals in obtaining needed services and supports; and contract with providers for an array of rehabilitative and community services. Through these efforts, States coordinate policies and administer funds to provide seamless services from hospital discharge to home and community.

### **How do States pay for TBI services and supports?**

States use a variety of resources to assist individuals with brain injury and their families, including Medicaid, Vocational Rehabilitation, mental health/intellectual and developmental disabilities; and State revenue. About half of the States provide long-term services and supports through Medicaid Home and Community-Based Services programs to prevent unnecessary institutionalization as the only alternative.

About half of the States have enacted legislation, generally referred to as a trust fund, which dedicates funding from a fine or fee, usually associated with traffic safety violation, for purposes of providing or supporting TBI services. Some States also receive general (State) revenue and some States as a combination of all of these funding resources. In addition, through the TBI Act of 1996, as amended, federal funds have been made available for competitive State grants to improve and enhance access to service delivery.

### **References:**

- **Basic Information About TBI and Concussion.** Centers for Disease Control and Prevention, National Injury Center for Prevention and Control webpage: <http://www.cdc.gov/traumaticbraininjury/basics.html>
- **NASHIA website:** [www.nashia.org](http://www.nashia.org)
- **“Understanding TBI: Part 3 – The Recovery Process”.** Fact Sheet. Model Systems Translation Center: <http://www.msctc.org/tbi/factsheets/UnderstandingTBI/The-Recovery-Process-For-Traumatic-Brain-Injury>

## Other Topical Resources

NASHIA maintains resources on its website ([www.nashia.org](http://www.nashia.org)), of which some are listed below:

**Brain Injury and Opioid Overdose**, NASHIA, June 2018:

<https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/5f0dee1187f836204a58de36/1594748434440/opioid-braininjury-connection+%281%29.pdf>

**Building State Service Delivery for Individuals with Brain Injury**, PowerPoint and Script, NASHIA and ACL TBI State Partnership Workgroup on Waiver and Trust Fund Programs, 2020:

<https://www.nashia.org/resources-list/col0j7vwe0nza4wmvddbvmxffa65n-anzry-b9n9n>

**Domestic Violence: Improved Data Needed to Identify the Prevalence of Brain Injuries among Victims**, US Governmental Accountability Office, June 2020: <https://www.gao.gov/products/gao-20-534>

**The Military Health System (MHS)** recognizes March as **Brain Injury Awareness Month** to increase traumatic brain injury (TBI) awareness and improve health care providers' ability to identify, care for, and treat service members and veterans who are affected by TBI. According to the Defense Health Agency [Traumatic Brain Injury Center of Excellence](#) (TBICoE), 430,720 service members have been diagnosed with a first-time TBI since 2000. To learn more about TBI numbers, visit the [DoD TBI Worldwide Numbers page](#). (<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence/DOD-TBI-Worldwide-Numbers>)

During Brain Injury Awareness Month, TBICoE and the MHS will promote the theme **“Be TBI Ready”** — recognizing that health care providers and others in the military community need to be aware of the latest educational trainings, research, fact sheets, and other available resources to prevent, diagnose, and treat TBI. The month will focus on the work of TBI stakeholders whose roles are to:

- Learn about TBI prevention, recognition, support, recovery, and reintegration.
- Increase awareness about TBICoE, its state-of-the-science research, and its many resources for health care providers, service members, veterans, and caregivers.

[https://www.health.mil/Military-Health-Topics/Conditions-and-Treatments/Traumatic-Brain-Injury/Brain-Injury-Awareness-](https://www.health.mil/Military-Health-Topics/Conditions-and-Treatments/Traumatic-Brain-Injury/Brain-Injury-Awareness-Month#:~:text=The%20Military%20Health%20System%20(MHS,who%20are%20affected%20by%20TBI.)

[Month#:~:text=The%20Military%20Health%20System%20\(MHS,who%20are%20affected%20by%20TBI.](https://www.health.mil/Military-Health-Topics/Conditions-and-Treatments/Traumatic-Brain-Injury/Brain-Injury-Awareness-Month#:~:text=The%20Military%20Health%20System%20(MHS,who%20are%20affected%20by%20TBI.)

**Model Systems Knowledge Translation Center**, featuring a range of topics relating to TBI:

<https://msktc.org/tbi>

**The Impact of COVID-19 on Domestic Violence and Brain Injury**, November 2020:

[https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/601081ed82816b2ef8515b89/1611694574341/covid\\_impact\\_on\\_brain\\_injury\\_domestic\\_violence\\_handout\\_2020.pdf](https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/601081ed82816b2ef8515b89/1611694574341/covid_impact_on_brain_injury_domestic_violence_handout_2020.pdf)

**Traumatic Brain Injury and Concussions**: Centers for Disease Control and Prevention: <https://www.cdc.gov/traumaticbraininjury/index.html>

**Traumatic brain injury in older adults: do we need a different approach?** *Concussion*, 2018:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6199670/>

## Centers for Disease Control and Prevention (CDC) Guide to Writing about Traumatic Brain Injury in News and Social Media

To better inform coverage of traumatic brain injury (TBI) in news and social media, CDC developed the *Guide to Writing about Traumatic Brain Injury in News and Social Media*.

The *Guide* is designed for media writers, editors, and bloggers. It includes:

- Statistics, most frequent causes, and signs and symptoms of TBI;
- Descriptions of who is at greatest risk for TBI;
- Sample press content and story ideas;
- Information for sports writers about how to broaden the content and impact of TBI stories; and
- Tips on TBI prevention that can be included in stories.

[https://www.cdc.gov/traumaticbraininjury/writing\\_guide.html](https://www.cdc.gov/traumaticbraininjury/writing_guide.html)

## Guidelines for Writing About People with Disabilities

(ADA Knowledge Translation Center)

### Words are powerful.

The words you use and the way you portray individuals with disabilities matters. This factsheet provides guidelines for portraying individuals with disabilities in a respectful and balanced way by using language that is accurate, neutral and objective. (<https://adata.org/factsheet/ADANN-writing>)

1. **Ask to find out if an individual is willing to disclose his/her disability.** Do not assume that people with disabilities are willing to disclose their disability. While some people prefer to be public about their disability, such as including information about their disability in a media article, others choose to not be publically identified as a person with a disability.
2. **Emphasize abilities, not limitations.** Choosing language that emphasizes what people can do instead of what they can't do is empowering.
3. **In general, refer to the person first and the disability second.** People with disabilities are, first and foremost, people. Labeling a person equates the person with a condition and can be disrespectful and dehumanizing. A person isn't a disability, condition or diagnosis; a person *has* a disability, condition or diagnosis. This is called Person-First Language.
4. **However, always ask to find out an individual's language preferences.** People with disabilities have different preferences when referring to their disability. Some people see their disability as an essential part of who they are and prefer to be identified with their disability first – this is called Identity First Language. Others prefer Person-First Language. Examples of Identity-First Language include identifying someone as a *deaf person* instead of a *person who is deaf*, or an *autistic person* instead of a *person with autism*.
5. **Use neutral language.** Do not use language that portrays the person as passive or suggests a lack of something: *victim, invalid, defective*.
6. **Use language that emphasizes the need for accessibility,** rather than the presence of a disability.

7. **Do not use condescending euphemisms.** Terms like *differently-abled*, *challenged*, *handicapable* or *special* are often considered condescending.
8. **Do not use offensive language.** Examples of offensive language include *freak*, *retard*, *lame*, *imbecile*, *vegetable*, *cripple*, *crazy*, or *psycho*.
9. **Describing people without disabilities.** In discussions that include people both with and without disabilities, do not use words that imply negative stereotypes of those with disabilities.
10. **Remember that disability is not an illness and people with disabilities are not patients.**
11. People with disabilities can be healthy, although they may have a chronic condition such as arthritis or diabetes. Only refer to someone as a patient when his or her relationship with a health care provider is under discussion.
12. **Do not use language that perpetuates negative stereotypes about psychiatric disabilities.** Much work needs to be done to break down stigma around psychiatric disabilities. The American Psychiatric Association has new guidelines for communicating responsibly about mental health.
13. **Portray successful people with disabilities in a balanced way, not as heroic or superhuman.** Do not make assumptions by saying a person with a disability is heroic or inspiring because they are simply living their lives. Stereotypes may raise false expectations that everyone with a disability is or should be an inspiration. People may be inspired by them just as they may be inspired by anyone else. Everyone faces challenges in life.
14. **Do not mention someone's disability unless it is essential to the story.** The fact that someone is blind or uses a wheelchair may or may not be relevant to the article you are writing. Only identify a person as having a disability if this information is essential to the story. For example, say "Board president Chris Jones called the meeting to order." Do not say, "Board president Chris Jones, who is blind, called the meeting to order." It's ok to identify someone's disability if it is essential to the story. For example, "Amy Jones, who uses a wheelchair, spoke about her experience with using accessible transportation."
15. **Create balanced human-interest stories instead of tear-jerking stories.** Tearjerkers about incurable diseases, congenital disabilities or severe injury that are intended to elicit pity perpetuate negative stereotypes.

## Sample March Brain Injury Awareness Month Press Release

[Cut and paste this press release onto your organization's letterhead and customize it as necessary.  
Send to your local media just before or at the start of March]

### **MEDIA CONTACT:**

NAME OF COMMUNICATIONS CONTACT AT ORGANIZATION>  
E-MAIL ADDRESS>  
PHONE NUMBER

### **FOR IMMEDIATE RELEASE**

**NAME OF ORGANIZATION Joins Broad Effort to Observe National March Brain Injury Awareness Month**

### **Nationwide brain injury awareness campaign will take place in March**

**(City, State) — Date** — <NAME OF ORGANIZATION> today announced its participation in “Working Together Promoting Brain Injury Awareness Month,” an annual March awareness campaign to educate the public about brain injury and resulting symptoms which may affect an individual’s ability to return to home, community, school or work without adequate rehabilitative, community and family supports. In 2014, 2.87 million Americans sought treatment for or died from a traumatic brain injury (TBI) as the result of a car crash, fall, sporting or recreational injury, an assault or other contributing factor, according to the Centers for Disease Control and Prevention (CDC). A brain injury may cause problems with cognition, emotions, language, physical mobility and sensory affecting how a person is able to live, work and be a part of everyday life.

This year's theme, " Working Together Promoting Brain Injury Awareness Month," recognizes that it takes federal and state policymakers, organizations, agencies, families and individuals with brain injury working together to advance rehabilitation and treatment and coordinating resources to enable individuals to return to living as independently as possible.

<NAME OF ORGANIZATION > is proud to be a part of this year's March Brain Injury Awareness Month said <NAME OF SPOKESPERSON>. Please contact us if you need further information or we can be of assistance.

## Example of Newspaper Article

# Lessons from my husband's traumatic brain injury for the COVID-19 era

July 24, 2020 at 12:19 pm Updated July 24, 2020 at 12:19 pm

<https://www.seattletimes.com/opinion/lessons-from-my-husbands-traumatic-brain-injury-for-the-covid-19-era/>

By [Marianne Scholl](#)

*Special to The Times*



*Author Marianne Scholl and her husband, Paul Sorensen. Sorensen was struck by a hit-and-run driver in a downtown Seattle crosswalk, sustaining a traumatic brain... (The Scholl family) **More***

In July 2016, my husband, Paul Sorensen, walked into the crosswalk at Sixth Avenue and Union Street in downtown Seattle and never made it to the other side.

A car running a red light hit him so hard he flew over the roof, and when he landed, he sustained a severe traumatic brain injury. On this fourth anniversary of his accident, I can't help but think of the strong parallel between the trauma and adjustments a family faces after a loved one experiences a life-threatening, lifealtering injury or sudden illness and the trauma we've all been going through since the arrival of COVID19.

The coronavirus, like the speeding car that hit my husband, smashed into our lives and suddenly deprived us of the world we used to know. It has left us with an uncertain future: Will the economic hardships ruin us? Will things ever return to our old normal again? Will we lose loved ones to the virus?

These are scary, unsettling times, and just like a family impacted by a catastrophic brain injury, we've all been forced to change how we live and work and play. We have to carefully plan how we travel, how we shop and even how we walk down the street. We've all been unexpectedly called upon to become caregivers. We're being asked to put someone else — in these coronavirus times, complete strangers — first so they may continue to thrive. Social distancing, forgoing parties and wearing masks in public are things we now do to care for others, not just to protect ourselves.

As we've seen, not everyone has the capacity, or the heart, to be a caregiver. Granted, caregiving is not easy, and on one level I understand the impulse to question the science and to want to run away from responsibilities being imposed upon us against our will. I didn't want to believe the devastating prognosis they gave my husband, and I certainly didn't want to change how I lived my life. I wanted to know better than the doctors, and I wanted to prove them wrong. But if you truly love someone, you stand by their side, hold their hand, and use the knowledge you gain from experts and evidence-based science to help them get better.

Some people, sadly, choose simply to not show up for others. Yet I think they'd find, as I did, that being a caregiver, and putting someone else's needs ahead of your own, enriches you in ways you'd never expect.

Helping my husband has taught me perseverance and the healing power of gratitude. It has helped me focus on love and friendship and community. I had to ask for help, and the support and love that poured in sustained me in those dark early days and, I believe, is what made it possible for Paul to learn how to walk and talk and eat again. A ramp our friends and family built in our backyard for his wheelchair, a wheelchair he no longer has to use, is now our "boardwalk." It reminds me every day that eventually you get to the other side of trauma. Your life will be different when you get there, and you'll be different too, but if you've shown up for others, you'll be grateful for the person you've become.

***Marianne Scholl*** was co-founder of the now defunct *Seattle Woman* magazine and gave up a career in communications to care for her disabled husband. She is currently writing a memoir.

## Sample Brain Injury Awareness Month Social Media

### Facebook and LinkedIn Posts

#### “Working Together Promoting Brain Injury Awareness Month”

NAME OF ORGANIZATION is pleased to support March Brain Injury Awareness Month held each March to educate the public about the resulting disabilities relating to brain injury and the impact on individuals, family, friends, communities, employers and educators. Our organization offers resources and assistance\_\_\_\_\_

#### Tweets (examples)

- Join the National Association of State Head Injury Administrators in celebrating March Brain Injury Awareness Month -- #braininjuryawareness
- Join the Congressional Brain Injury Task Force for Awareness Day Briefing which will be held virtually, March 16, 2022 -- #braininjuryawareness
- Brain injury is a silent epidemic. Learn more @www.nashia.org. -- # braininjuryawareness
- Falls, sporting injuries, motor vehicle crashes means everyone is at risk for a brain injury - #braininjuryawareness
- Brain injury does not discriminate. Anyone at any age can sustain a brain injury -- #braininjuryawareness
- Know the symptoms of brain injury. Memory, thinking, personality changes, mood disorders can all result from a brain injury -- # braininjuryawareness
- Did you know a TBI is a leading cause of death and disability? -- #braininjuryawareness

### Writing a Blog

For those who blog, we encourage you to use your expertise and experiences to post your personal perspectives with regard to brain injury, whether you are an individual with brain injury, family member, professional or provide. A blog allows you to personally talk about brain injury from a personal viewpoint or a policy viewpoint on the needs of individuals with brain injury.

You may want to choose a blog name that is descriptive to your story. If the story is about you and your experience, write in first person. You may want to keep in mind the purpose of the blog. Is it to explain brain injury and how it happened or rehabilitation and services that followed or how it impacted the family or what you are looking for now – or all of this. Whatever the topic, keep in mind the reader may not know brain injury acronyms or jargon so make sure the blog and purpose are clear.



## Promoting Awareness Logo

With assistance from Nancy Noha, Coordinator for the Nebraska Assistive Technology Partnership, NASHIA developed the logo and theme, **Working Together Promoting Brain Injury Awareness Month**, which can be accessed on NASHIA's website: [www.nashia.org](http://www.nashia.org).

